

Maryland HIV/AIDS Quarterly Update

First Quarter 2014

Data reported through March 31, 2014



Center for HIV Surveillance, Epidemiology and Evaluation
Infectious Disease Bureau
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene
<http://phpa.dhmmh.maryland.gov/oideor/chse>
1-800-358-9001



TABLE OF CONTENTS

Section I – Background Information	1
HIV/AIDS Reporting Requirements.....	1
For Assistance with HIV/AIDS Reporting	2
Limitations in the HIV/AIDS Data	2
Stages of a Case of HIV/AIDS	2
Changes in Case Terminology.....	3
Laboratory Data	3
Sources of Data	3
Tabulation of Column Totals	4
Data Suppression.....	4
On-line Mapping Tool.....	4
Glossary of Terms.....	4
Section II – Adult/Adolescent Cases by Jurisdiction	6
Table 1 – Adult/Adolescent HIV Diagnoses during 4/1/2012-3/31/2013, First CD4 Test Result, Percent Linked to Care, and Percent Late Diagnosis, by Jurisdiction, Reported through 3/31/2014	6
Table 2 – Adult/Adolescent AIDS Diagnoses during 4/1/2012-3/31/2013, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction, Reported through 3/31/2014.....	7
Table 3 – Adult/Adolescent HIV Cases Alive on 3/31/2013, by Jurisdiction, Reported through 3/31/2014.....	8
Table 4 – CD4 Test Results for Adult/Adolescent HIV Cases Alive on 3/31/2013, Reported through 3/31/2014.....	9
Table 5 – Viral Load Test Results for Adult/Adolescent HIV Cases Alive on 3/31/2013, by Jurisdiction, Reported through 3/31/2014.....	10

Section I – Background Information

HIV/AIDS Reporting Requirements

The Maryland HIV/AIDS Reporting Act of 2007 went into effect on April 24, 2007. The law expanded HIV/AIDS reporting and required that HIV cases be reported by name. The following highlights the reporting requirements of Health-General Articles 18-201.1, 18-202.1, and 18-205 of the Annotated Code of Maryland, as specified in COMAR 10.18.02.

- Physicians are required to report patients in their care with diagnoses of HIV or AIDS immediately to the Local Health Department where the physician's office is located by mailing DHMH Form 1140. Reports are also accepted by phone.
- Physicians are required to report infants born to HIV positive mothers within 48 hours to the State Health Department by mailing DHMH Form 1140. Reports are also accepted by phone.
- Clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities are required to report

patients in the care of the institution with diagnoses of HIV or AIDS within 48 hours to the Local Health Department where the institution is located by mailing DHMH Form 1140. Reports are also accepted by phone. Facilities with large volumes are encouraged to contact the State Health Department to establish electronic reporting.

- Laboratory directors are required to report patients with laboratory results indicating HIV infection (e.g., positive confirmatory HIV diagnostic tests, all CD4 immunological tests, all HIV viral load tests, and all HIV genotype and phenotype tests) within 48 hours to the Local Health Department where the laboratory is located, or if out of state to the Maryland State Health Department, by mailing DHMH Form 4492. Laboratories are encouraged to contact the State Health Department to establish electronic reporting.

Reporting forms and instructions are available on our website:
<http://phpa.dhmf.maryland.gov/oideor/chse/sitepages/reporting-material.aspx>

For Assistance with HIV/AIDS Reporting

For assistance with reporting, including establishment of routine, electronic, or other alternate methods of reporting to the Health Department, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health and Mental Hygiene at 410-767-5061.

Limitations in the HIV/AIDS Data

This epidemiological profile only contains data for HIV and AIDS cases that have been diagnosed by a health care provider, were reported to the health department by name, and were residents of Maryland at the time of diagnosis. Nationally, it has been estimated that 16% of people living with HIV infection are undiagnosed. In addition, despite a massive effort during which over 17,000 HIV cases were reported after the Maryland HIV reporting law changed on April 24, 2007, not all diagnosed HIV cases previously reported by Maryland's code-based identifier were located and re-reported by name. In addition, many of the re-reported HIV cases were identified by a recent diagnosis and not by their earliest diagnosis, resulting in an under-reporting of HIV diagnoses before 2001 and an over-reporting of HIV diagnoses from 2001 to 2008. Caution should be exercised in using the number of living HIV cases without AIDS and in interpreting trends in the number of reported HIV diagnoses. Furthermore, laboratory data are only available for cases receiving medical care, usually only at facilities in Maryland, and only includes test results that have been reported to the health department.

Stages of a Case of HIV/AIDS

Untreated HIV disease progresses from HIV infection to AIDS to death. These are biological events that occur whether or not a person receives any medical care. For example, a person can be HIV infected but never have an HIV test and so they do not have an HIV diagnosis. A medical provider diagnoses that these biological events have occurred and records them as a medical event. The law requires medical providers to report these medical events to the Health Department, thereby creating a surveillance event.

Time Point	Biological Event	Medical Event	Surveillance Event
1	HIV Infection		
2		HIV Diagnosis	
3			HIV Report
4	AIDS Conditions		
5		AIDS Diagnosis	
6			AIDS Report
7	Death		
8		Death Diagnosis	
9			Death Report

For surveillance purposes, a case of HIV/AIDS can only move through time in one direction, from HIV infection to death report [from time point 1 to time point 9], but may skip over individual stages. Events can occur simultaneously, but usually there is a time lag between them. The time lag between events can be measured in days, months, or years.

For example, the time between HIV infection [time point 1] and the test that diagnoses HIV [time point 2] may be several years, and it may then take several days for the laboratory and physician to report the diagnosis to the health department [time point 3]. In a second example, a person with diagnosed and reported HIV infection [time point 3] may die [time point 7] without developing AIDS, thereby skipping the three AIDS events (conditions, diagnosis, and report [time points 4, 5 and 6]). And in a third example, a person with undiagnosed HIV infection [time point 1] may become sick, enter the hospital, and die [time point 7] of what is later determined to be AIDS. In that situation, HIV diagnosis [time point 2], AIDS diagnosis [time point 5], and death diagnosis [time point 8] would all occur at the same time, and that would have been many years after the initial HIV infection [time point 1].

Changes in Case Terminology

The terminology for HIV and AIDS cases was changed from earlier epidemiological profiles to be more precise, with Reported Diagnoses replacing Incidence and Living Cases replacing Prevalence. Incidence is a measure of the number of new events (such as HIV infections) in a population during a period of time. Prevalence is a measure of the number of people living with a condition (such as HIV) in a population at a certain time. Prevalence includes both new and old cases. For HIV, Incidence and Prevalence cannot be directly measured and must be estimated using statistical methods. The HIV surveillance system is able to provide the actual number of diagnoses and deaths that are reported in the population.

For this epidemiological profile, the reports received through a certain time (the end of the year) are used to generate the number of diagnoses during the prior years. This one year lag allows for delays in reporting and time to complete investigations. For example, the Reported HIV Diagnoses for 4/1/2012-3/31/2013 are the total of the reported HIV cases with or without an AIDS diagnosis, diagnosed with HIV during 4/1/2012-3/31/2013, as reported by name through 3/31/2014.

To calculate the number of Living Cases we count up all of the Reported Diagnoses from the beginning of the epidemic (all the Reported HIV Diagnoses each year) and subtract all of the Reported Deaths. For example, the Total Living HIV Cases on 3/31/2013 are the total of the reported HIV Cases with or without an AIDS diagnosis and not reported to have died as of 3/31/2013 as reported by name through 3/31/2014.

Laboratory Data

CD4+ T-lymphocyte tests are measures of a person's immune system function. An HIV infected adult is considered to have AIDS if they have less than 200 CD4 cells per microliter of blood. Viral load (VL) tests are measures of the amount of HIV in a person's body. The goal of HIV treatment is to have a very low number of copies of virus per milliliter of blood, below what the test can measure, which is called an undetectable level. Treatment recommendations are that a person in HIV medical care should have their CD4 and VL levels measured at least 2-3 times per year. We use the presence of these lab tests as an indicator that someone has been "linked to care" initially after diagnosis or in following years that they remain "in care".

Sources of Data

Information on HIV and AIDS diagnoses, including residence at diagnosis, age, race/ethnicity, sex at birth, country of birth, vital status, HIV exposure category, and CD4 and HIV viral load test results are from the Maryland Department of Health and Mental Hygiene's Enhanced HIV/AIDS Reporting System (eHARS), March 31, 2014.

Population data by sex, age, and race are from the July 1, 2012 U.S. Census Estimates. Due to estimation limitations, some population totals may not equal the sum of its components.

Tabulation of Column Totals

Figures in tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

Data Suppression

In order to protect the confidentiality of reported HIV cases, data are suppressed in the following instances:

- Data describing a demographic group or geographic area (e.g. ZIP code) with a population less than 1,000 people.
- All clinical/laboratory information if it is describing less than 5 cases.
- All exposure/risk information if it is describing less than 5 cases, except in the case of "other" exposure.
- If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

On-line Mapping Tool

Please visit the Maryland Department of Health and Mental Hygiene's website at <http://phpa.dhmh.maryland.gov/oideor/chse> to create your own maps of adult/adolescent HIV rates by jurisdiction of residence, subset them by sex at birth and race/ethnicity, zoom in to the jurisdiction level, plot the locations of HIV testing sites, and print out your custom map.

Glossary of Terms

Adult/Adolescent Living HIV Cases with AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Adult/Adolescent Living HIV Cases without AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, without an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Adult/Adolescent Reported AIDS Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Adult/Adolescent Reported HIV Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 3/31/2013.

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of cases with a CD4 test distributed by their CD4 count results (cells per microliter).

First CD4 Test Result: First reported CD4 test result obtained within 12 months following initial HIV diagnosis.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at the later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Mean Years from HIV Diagnosis (to AIDS Diagnosis): Mean number of years from initial HIV diagnosis to initial AIDS diagnosis for cases with a reported AIDS diagnosis.

Median: The measure of central location which divides a set of data into two equal parts.

Median Count (First CD4): Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

Median Count (Recent CD4): Median CD4 count (cells per microliter) of the most recent CD4 test result reported in the 12 months prior to 3/31/2013.

Median Unsuppressed (Viral Load): Median unsuppressed viral load (copies per milliliter) among adult/adolescent living HIV cases with a most recent viral load test result reported in the 12 months prior to 3/31/2013 of 400 copies per milliliter or greater.

Percent Late HIV Diagnosis (for AIDS diagnoses): Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 12 months prior to their initial AIDS diagnosis.

Percent Late HIV Diagnosis (for HIV diagnoses): Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 12 months after their initial HIV diagnosis.

Percent Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a CD4 or viral load test performed less than or equal to 3 months after their initial HIV diagnosis.

Percent Suppressed (Viral Load): Percent of adult/adolescent total living HIV cases with a most recent viral load reported in the 12 months prior to 3/31/2013 of less than 400 copies per milliliter.

Population Age 13+: Population age 13 years or older, estimate for 7/1/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

Ratio (1 in X): Number of people for every 1 living HIV case in the population, or 1 living HIV case in every X number of people.

Recent CD4 Test Result: The most recent CD4 test result reported in the 12 months prior to 3/31/2013.

Recent Viral Load Test Result: The most recent viral load test result reported in the 12 months prior to 3/31/2013.

Suggested Citation: Maryland HIV/AIDS Epidemiology Profile, First Quarter 2014. Baltimore, MD: Center for HIV Surveillance, Epidemiology and Evaluation, Infectious Disease Bureau, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene. April 2014.

Section II – Adult/Adolescent Cases by Jurisdiction

Table 1 – Adult/Adolescent HIV Diagnoses during 4/1/2012-3/31/2013, First CD4 Test Result, Percent Linked to Care, and Percent Late Diagnosis, by Jurisdiction, Reported through 3/31/2014

JURISDICTION OF RESIDENCE AT HIV DIAGNOSIS	Population Age 13+	Adult/Adolescent Reported HIV Diagnoses							
		No.	% of Total	Rate	First CD4 Test Result			% Linked to Care	% Late HIV Diagnosis
					No. with Test	% with Test	Median Count		
Allegany	64,786	3	0.2%	4.6	***	***	***	***	***
Anne Arundel	460,107	43	2.9%	9.4	34	79.1%	420	79.1%	18.6%
Baltimore City	521,466	420	28.2%	80.5	337	80.2%	354	75.2%	28.3%
Baltimore	690,522	187	12.6%	27.1	157	84.0%	397	82.4%	29.4%
Calvert	74,654	7	0.5%	9.4	6	85.7%	377	85.7%	42.9%
Caroline	27,021	5	0.3%	18.5	5	100.0%	82	100.0%	80.0%
Carroll	141,013	4	0.3%	2.8	***	***	***	***	***
Cecil	84,566	6	0.4%	7.1	6	100.0%	411	100.0%	33.3%
Charles	124,626	39	2.6%	31.3	32	82.1%	358	66.7%	30.8%
Dorchester	27,518	7	0.5%	25.4	6	85.7%	412	85.7%	42.9%
Frederick	198,694	22	1.5%	11.1	20	90.9%	462	86.4%	36.4%
Garrett	25,615	2	0.1%	7.8	***	***	***	***	***
Harford	208,064	28	1.9%	13.5	24	85.7%	287	75.0%	42.9%
Howard	248,000	20	1.3%	8.1	18	90.0%	286	95.0%	40.0%
Kent	17,692	2	0.1%	11.3	***	***	***	***	***
Montgomery	834,814	223	15.0%	26.7	180	80.7%	348	77.1%	34.5%
Prince George's	733,568	408	27.4%	55.6	313	76.7%	346	68.9%	33.3%
Queen Anne's	40,871	2	0.1%	4.9	***	***	***	***	***
Saint Mary's	89,056	10	0.7%	11.2	7	70.0%	360	60.0%	10.0%
Somerset	23,041	1	0.1%	4.3	***	***	***	***	***
Talbot	32,981	1	0.1%	3.0	***	***	***	***	***
Washington	125,490	11	0.7%	8.8	11	100.0%	467	90.9%	36.4%
Wicomico	84,554	8	0.5%	9.5	8	100.0%	260	100.0%	50.0%
Worcester	45,218	3	0.2%	6.6	***	***	***	***	***
Corrections		26	1.7%		22	84.6%	455	76.9%	11.5%
TOTAL	4,923,935	1,488	100.0%	30.2	1,202	80.8%	363	75.5%	31.0%

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Reported HIV Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Population Age 13+: Population age 13 years or older, estimate for 7/1/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

First CD4 Test Result: First reported CD4 test result obtained within 12 months following initial HIV diagnosis.

Median Count (First CD4): Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

Percent Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a CD4 or viral load test performed less than or equal to 3 months after their initial HIV diagnosis.

Percent Late HIV Diagnosis (for HIV diagnoses): Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 12 months after their initial HIV diagnosis.

Table 2 – Adult/Adolescent AIDS Diagnoses during 4/1/2012-3/31/2013, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction, Reported through 3/31/2014

JURISDICTION OF RESIDENCE AT AIDS DIAGNOSIS	Population Age 13+	Adult/Adolescent Reported AIDS Diagnoses				
		No.	% of Total	Rate	Mean Years from HIV Diagnosis	% Late HIV Diagnosis
Allegany	64,786	1	0.1%	1.5	***	***
Anne Arundel	460,107	34	3.9%	7.4	5	29.4%
Baltimore City	521,466	294	33.6%	56.4	4.6	38.4%
Baltimore	690,522	119	13.6%	17.2	4.4	44.5%
Calvert	74,654	5	0.6%	6.7	0.5	80.0%
Caroline	27,021	3	0.3%	11.1	***	***
Carroll	141,013	4	0.5%	2.8	***	***
Cecil	84,566	4	0.5%	4.7	***	***
Charles	124,626	18	2.1%	14.4	1.7	61.1%
Dorchester	27,518	8	0.9%	29.1	6.4	37.5%
Frederick	198,694	6	0.7%	3.0	1.1	83.3%
Garrett	25,615	0	0.0%	0.0	--	--
Harford	208,064	16	1.8%	7.7	2.6	75.0%
Howard	248,000	22	2.5%	8.9	2.2	50.0%
Kent	17,692	1	0.1%	5.7	***	***
Montgomery	834,814	101	11.6%	12.1	1.8	73.3%
Prince George's	733,568	199	22.8%	27.1	3.1	58.3%
Queen Anne's	40,871	0	0.0%	0.0	--	--
Saint Mary's	89,056	4	0.5%	4.5	***	***
Somerset	23,041	0	0.0%	0.0	--	--
Talbot	32,981	0	0.0%	0.0	--	--
Washington	125,490	6	0.7%	4.8	2.4	83.3%
Wicomico	84,554	8	0.9%	9.5	2.1	62.5%
Worcester	45,218	4	0.5%	8.8	***	***
Corrections	--	17	1.9%	--	5.1	35.3%
TOTAL	4,923,935	874	100.0%	17.8	3.7	50.2%

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Reported AIDS Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Population Age 13+: Population age 13 years or older, estimate for 7/1/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

Mean Years from HIV Diagnosis (to AIDS Diagnosis): Mean number of years from initial HIV diagnosis to initial AIDS diagnosis for cases with a reported AIDS diagnosis.

Percent Late HIV Diagnosis (for AIDS diagnoses): Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 12 months prior to their initial AIDS diagnosis.

Table 3 – Adult/Adolescent HIV Cases Alive on 3/31/2013, by Jurisdiction, Reported through 3/31/2014

JURISDICTION OF RESIDENCE AT DIAGNOSIS	Population Age 13+	Adult/Adolescent Living HIV Cases without AIDS			Adult/Adolescent Living HIV Cases with AIDS			Adult/Adolescent Total Living HIV Cases			
		No.	% of Total	Rate	No.	% of Total	Rate	No.	% of Total	Rate	Ratio (1 in X)
Allegany	64,786	37	0.3%	57.1	33	0.2%	50.9	70	0.2%	108.1	925
Anne Arundel	460,107	449	3.4%	98.0	635	3.9%	138.0	1,084	3.7%	235.6	424
Baltimore City	521,466	5,213	39.3%	999.7	6,607	40.7%	1,267.0	11,820	40.0%	2,266.7	44
Baltimore	690,522	1,311	9.9%	189.9	1,615	9.9%	233.9	2,926	9.9%	423.7	235
Calvert	74,654	48	0.4%	64.3	52	0.3%	69.7	100	0.3%	134.0	746
Caroline	27,021	27	0.2%	99.9	32	0.2%	118.4	59	0.2%	218.4	457
Carroll	141,013	54	0.4%	38.3	64	0.4%	45.4	118	0.4%	83.7	1,195
Cecil	84,566	47	0.4%	55.6	60	0.4%	71.0	107	0.4%	126.5	790
Charles	124,626	182	1.4%	146.0	165	1.0%	132.4	347	1.2%	278.4	359
Dorchester	27,518	36	0.3%	130.8	76	0.5%	276.2	112	0.4%	407.0	245
Frederick	198,694	155	1.2%	78.0	147	0.9%	74.0	302	1.0%	152.0	657
Garrett	25,615	4	0.0%	15.6	4	0.0%	15.6	8	0.0%	31.2	3,201
Harford	208,064	165	1.2%	79.3	209	1.3%	100.5	374	1.3%	179.8	556
Howard	248,000	177	1.3%	71.4	226	1.4%	91.1	403	1.4%	162.5	615
Kent	17,692	17	0.1%	96.1	19	0.1%	107.4	36	0.1%	203.5	491
Montgomery	834,814	1,560	11.8%	186.9	1,833	11.3%	219.6	3,393	11.5%	406.4	246
Prince George's	733,568	2,877	21.7%	392.2	3,147	19.4%	429.0	6,024	20.4%	821.2	121
Queen Anne's	40,871	16	0.1%	39.2	31	0.2%	75.9	47	0.2%	115.0	869
Saint Mary's	89,056	49	0.4%	55.0	58	0.4%	65.1	107	0.4%	120.2	832
Somerset	23,041	19	0.1%	82.5	29	0.2%	125.9	48	0.2%	208.3	480
Talbot	32,981	22	0.2%	66.7	31	0.2%	94.0	53	0.2%	160.7	622
Washington	125,490	161	1.2%	128.3	137	0.8%	109.2	298	1.0%	237.5	421
Wicomico	84,554	94	0.7%	111.2	103	0.6%	121.8	197	0.7%	233.0	429
Worcester	45,218	30	0.2%	66.4	46	0.3%	101.7	76	0.3%	168.1	594
Corrections	--	517	3.9%	--	889	5.5%	--	1,406	4.8%	--	--
TOTAL	4,923,935	13,268	100.0%	269.5	16,248	100.0%	330.0	29,516	100.0%	599.4	166

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Population Age 13+: Population greater than or equal to 13 years old, estimate for 7/1/2012.

Adult/Adolescent Living HIV Cases without AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, without an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Adult/Adolescent Living HIV Cases with AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

Ratio (1 in X): Number of people for every 1 living HIV case in the population, or 1 living HIV case in every X number of people.

Table 4 – CD4 Test Results for Adult/Adolescent HIV Cases Alive on 3/31/2013, Reported through 3/31/2014

JURISDICTION OF RESIDENCE AT DIAGNOSIS	Adult/Adolescent Total Living HIV Cases							
	No.	Recent CD4 Test Result						
		No. with Test	% with Test	Median Count	<200	200-349	350-499	500+
Allegany	70	48	68.6%	587	10.4%	8.3%	16.7%	64.6%
Anne Arundel	1,084	628	57.9%	498	11.8%	17.8%	20.9%	49.5%
Baltimore City	11,820	7,076	59.9%	494	15.0%	16.1%	19.7%	49.1%
Baltimore	2,926	1,740	59.5%	490	14.4%	17.0%	19.9%	48.6%
Calvert	100	64	64.0%	579	14.1%	10.9%	15.6%	59.4%
Caroline	59	39	66.1%	556	12.8%	10.3%	17.9%	59.0%
Carroll	118	54	45.8%	583	11.1%	11.1%	16.7%	61.1%
Cecil	107	51	47.7%	447	5.9%	23.5%	23.5%	47.1%
Charles	347	207	59.7%	512	13.0%	13.0%	22.2%	51.7%
Dorchester	112	75	67.0%	499	12.0%	14.7%	24.0%	49.3%
Frederick	302	169	56.0%	531	7.7%	14.2%	21.3%	56.8%
Garrett	8	3	37.5%	***	***	***	***	***
Harford	374	205	54.8%	502	16.1%	14.1%	19.5%	50.2%
Howard	403	216	53.6%	552	14.8%	13.0%	16.7%	55.6%
Kent	36	20	55.6%	615	***	***	***	***
Montgomery	3,393	1,673	49.3%	520	11.9%	15.5%	20.1%	52.5%
Prince George's	6,024	3,106	51.6%	483	15.1%	16.3%	21.0%	47.6%
Queen Anne's	47	30	63.8%	478	6.7%	30.0%	16.7%	46.7%
Saint Mary's	107	69	64.5%	499	14.5%	13.0%	23.2%	49.3%
Somerset	48	33	68.8%	588	3.0%	6.1%	27.3%	63.6%
Talbot	53	42	79.2%	494	16.7%	21.4%	11.9%	50.0%
Washington	298	157	52.7%	583	8.9%	15.3%	13.4%	62.4%
Wicomico	197	100	50.8%	451	20.0%	21.0%	16.0%	43.0%
Worcester	76	49	64.5%	489	18.4%	16.3%	16.3%	49.0%
Corrections	1,406	762	54.2%	434	18.9%	20.1%	18.9%	42.1%
TOTAL	29,516	16,617	56.3%	495	14.5%	16.3%	20.0%	49.3%

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Recent CD4 Test Result: The most recent CD4 test result reported in the 12 months prior to 3/31/2013.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Median Count (Recent CD4): Median CD4 count (cells per microliter) of the most recent CD4 test result reported in the 12 months prior to 3/31/2013.

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of cases with a CD4 test distributed by their CD4 count results (cells per microliter).

Table 5 – Viral Load Test Results for Adult/Adolescent HIV Cases Alive on 3/31/2013, by Jurisdiction, Reported through 3/31/2014

JURISDICTION OF RESIDENCE AT DIAGNOSIS	Adult/Adolescent Total Living HIV Cases				
	No.	Recent Viral Load Test Result			
		No. with Test	% with Test	% Suppressed	Median Unsuppressed
Allegany	70	47	67.1%	68.1%	4,901
Anne Arundel	1,084	560	51.7%	40.7%	260
Baltimore City	11,819	5,815	49.2%	35.7%	410
Baltimore	2,925	1,533	52.4%	44.0%	472
Calvert	100	61	61.0%	62.3%	290
Caroline	59	41	69.5%	58.5%	350
Carroll	118	45	38.1%	55.6%	5,935
Cecil	107	47	43.9%	57.4%	160
Charles	347	210	60.5%	56.2%	1,276
Dorchester	112	70	62.5%	51.4%	80
Frederick	302	162	53.6%	61.7%	445
Garrett	8	3	37.5%	***	***
Harford	374	180	48.1%	46.7%	349
Howard	403	204	50.6%	52.0%	184
Kent	36	19	52.8%	***	***
Montgomery	3,393	1,695	50.0%	59.8%	239
Prince George's	6,023	3,102	51.5%	53.4%	809
Queen Anne's	47	28	59.6%	39.3%	110
Saint Mary's	107	64	59.8%	59.4%	735
Somerset	48	33	68.8%	60.6%	8,360
Talbot	53	38	71.7%	60.5%	410
Washington	298	149	50.0%	77.9%	780
Wicomico	197	102	51.8%	47.1%	361
Worcester	76	47	61.8%	70.2%	97
Corrections	1,406	641	45.6%	39.9%	1,046
TOTAL	29,516	14,900	50.5%	45.6%	450

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 3/31/2013.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Recent Viral Load Test Result: The most recent viral load test result reported in the 12 months prior to 3/31/2013.

Percent Suppressed (Viral Load): Percent of adult/adolescent total living HIV cases with a most recent viral load reported in the 12 months prior to 3/31/2013 of less than 400 copies per milliliter.

Median Unsuppressed (Viral Load): Median unsuppressed viral load (copies per milliliter) among adult/adolescent living HIV cases with a most recent viral load test result reported in the 12 months prior to 3/31/2013 of 400 copies per milliliter or greater.